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Destablished (Octob)

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DETITION FOR EVITENCION OF TIME UNDER AT OFR 4 400( )

FEITHOR FOR EXTENSION OF TIME OF	Oocket Number (Optional)		
FY 2009 (Fees pursuant to the Consolidated Appropriation	00518-105025US3		
Application Number 10/785,673		Filed February 23, 2004	
For MODIFIED IMMUNOGENIC PNEUM	OLYSIN COMPOSITIONS	AS VACCINES	
Art Unit 1645	Examiner Sarvamangala J N Devi		
This is a request under the provisions of 37 CFI application.	R 1.136(a) to extend the perio	d for filing a reply in t	he above identified
The requested extension and fee are as follows	(check time period desired as	nd enter the appropri	ate fee below):
<u>Fee</u>		Small Entity Fee	
One month (37 CFR 1.17(a)(1))	\$130	\$65	\$
Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$
Three months (37 CFR 1.17(a)(3)	\$1110	\$565	\$
Four months (37 CFR 1.17(a)(4))	\$1730	\$865	S
Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	§ <u>2350</u>
Applicant claims small entity status. See 37	7 CFR 1.27.		
A check in the amount of the fee is end	closed.		
Payment by credit card. Form PTO-20:	38 is attached.		
The Director has already been authorize	red to charge fees in this a	oplication to a Dep	osit Account.
The Director is hereby authorized to ch Deposit Account Number 50-3732	narge any fees which may b	e required, or cred	lit any overpayment, to
WARNING: Information on this form may bec Provide credit card information and authorize	ome public. Credit card information on PTO-2038.	ition should not be in	cluded on this form.
I am the applicant/inventor.			
	e entire interest. See 37 CF CFR 3.73(b) is enclosed (Fe		
attorney or agent of reco	rd. Registration Number <u>5</u>	1,084	••••
attorney or agent under : Registration number if acti			
Jarol D. En		June 30, 201	0
Joseph D. Eng, Jr.		Date	
		(212) 556-2100	
Typed or printed name		Telephone Number	
NOTE. Signatures of all the inventors or assignees of record agnature is required, see below	of the entire interest or their representa	stive(s) are required. Subm	st multiple forms if more than one
	rms are submitted.		

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